

March of Dimes Foundation

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September 30, 2011

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

The Honorable Timothy Geithner
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Dear Secretaries Sebelius, Solis and Geithner,

The March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers affiliated with 51 chapters representing every state, the District of Columbia and Puerto Rico, appreciates this opportunity to comment on the amended interim final rule regarding coverage of preventive services for women under the Patient Protection and Affordable Care Act (ACA), as published in the *Federal Register* on August 3, 2011 (HHS File Code: CMS-992-IFC2).

Section 2713 of the ACA requires insurers to provide coverage without cost-sharing for four specific categories of preventive health care services, the last of which is, “with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph.” The Health Resources and Services Administration (HRSA) enlisted the assistance of the Institute of Medicine (IOM), which convened a panel to develop a package of recommended health care services for women across the lifespan. In August 2011, the IOM panel released its report, “Clinical Preventive Services for Women: Closing the Gaps.” HRSA subsequently adopted the panel’s recommendations in its guidelines, “HRSA’s Women’s Preventive Services: Required Health Plan Coverage Guidelines.” The amended interim final rule published by the departments on August 3 is effective for non-grandfathered plans, beginning with new plan years that start after August 1, 2011.

The March of Dimes strongly supports both the IOM panel’s recommendations on preventive health care services for women and HRSA’s adoption of the package. Preventive health care has a profound impact on all aspects of women’s health, including reproductive health and healthy pregnancy. This rule promises to give millions more U.S. women access to comprehensive, coordinated, continuous preventive care, which will in turn have a measurable impact on the health of women and their children.

Well-Woman Care, Including Prenatal and Preconception Care, Is Critical to Good Health

The March of Dimes strongly supports the inclusion of an annual well-woman visit in the preventive health services package, as well as the explicit inclusion of “prenatal and preconception care” in defining those services. The primary goal of preconception care is to improve the health of women before they become pregnant. Often, women do not realize that they are pregnant for some weeks after conception, and the first prenatal visit with a physician typically does not occur until 6-12 weeks after conception. Beginning care at this point misses opportunities to intervene before or during the crucial early weeks of fetal development. Preconception care allows providers to identify conditions or behaviors that can impact a future pregnancy and provide appropriate intervention. Examples include tobacco cessation services, nutrition counseling, and controlling chronic conditions such as hypertension or diabetes. Key preconception care services include the following: (1) screening and assessment; (2) health promotion and counseling; (3) interventions as recommended by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and the U.S. Centers for Disease Control and Prevention.

Prenatal care is also vital to healthy pregnancies and infants. Receiving regular medical care greatly increases the likelihood that important messages can be delivered to pregnant women around issues such as nutrition and tobacco cessation, and provides opportunities to detect potentially dangerous conditions like gestational diabetes or high blood pressure. The March of Dimes commends the IOM and HRSA for including prenatal care specifically in its description of well-woman visits.

The March of Dimes supports the position of the American Academy of Pediatrics and others in calling for health plans to cover well-woman visits without cost-sharing for adolescent girls. The physician and patient should have the discretion to determine when it is appropriate to begin providing various recommended services, including preconception care. Many of the services included under well-woman visits are also recommended for adolescents under *Bright Futures: Health Supervision Guidelines for Infants, Children and Adolescents*, which Section 2713 also requires health plans to cover without cost-sharing. The significant concurrence between the two sets of guidelines should limit the potential for confusion, but adolescent girls should be deemed eligible for any well-woman services not included in *Bright Futures*.

Family Planning is Important to Reproductive Health and Healthy Pregnancies

The March of Dimes supports the inclusion of comprehensive family planning services and supplies in the required package of services. Coverage of these critically important benefits will ensure that more women are under the care of a health professional before pregnancy, increasing the likelihood that when they do become pregnant, they will obtain timely prenatal care. In addition, numerous studies have shown that pregnancies spaced too closely together present a medical risk factor for preterm birth, the principal cause of newborn death. Appropriately spacing pregnancies — for which access to family planning services is critically important — has been shown to reduce the risk of preterm birth. Preterm birth can be devastating for families as well as extremely costly. The Institute of Medicine reported that the societal economic cost of preterm birth totaled at least \$26.2 billion in 2005, the latest year for which data was available. The medical component of that total was \$18.8 billion, 85% of which was health services provided to infants.

Breastfeeding Supplies and Services Should Be Covered

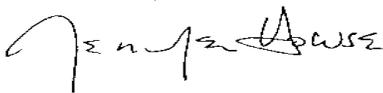
U.S. breastfeeding rates remain well below desirable levels, providing a valuable opportunity to improve maternal and child health and reduce health care costs. The cost of breastfeeding supplies and counseling represent a significant barrier for many women who would otherwise initiate or continue breastfeeding. The March of Dimes enthusiastically supports the inclusion of lactation support and counseling as well as equipment rental in the women's preventive services package.

Other Services

The March of Dimes appreciates the inclusion of a range of additional services in the preventive health package, such as screening for gestational diabetes, domestic and interpersonal violence, HPV, HIV, and other sexually transmitted diseases. Each of these issues can have a profound impact on reproductive health and healthy pregnancies.

In conclusion, the March of Dimes applauds the Departments for the adoption of HRSA's guidelines for women's preventive health services. We look forward to continuing our work together toward the mutual goal of healthy mothers, infants and children. If the March of Dimes may be of further assistance, please contact Cindy Pellegrini, Senior Vice President for Public Policy and Government Affairs, at 202/659-1800.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer L. Howse". The signature is fluid and cursive, with a large initial "J" and a distinct "H" at the end.

Dr. Jennifer L. Howse
President